

EXHIBIT

F

MICHIGAN DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE		EFFECTIVE DATE 02/01/2015	NUMBER 03.04.100
SUBJECT HEALTH SERVICES		SUPERSEDES 03.04.100 (12/29/10)	
		AUTHORITY MCL 791.203, 791.233d, 330.1001 <i>et seq</i> ; 1974 PA 258, The Prison Rape Elimination Act of 2003	
		PAGE 1 OF 11	

POLICY STATEMENT:

Prisoners shall be provided with a continuum of medically necessary health care services that are supported by evidence based medical research.

RELATED POLICIES:

- | | |
|-----------|---|
| 03.03.140 | Prohibited Sexual Conduct Involving Prisoners |
| 03.04.101 | Prisoner Health Care Copayment |
| 03.04.105 | Informed Consent to Medical Care |
| 03.04.110 | Control of Communicable Diseases |
| 03.04.120 | Control of Communicable Bloodborne Diseases |

POLICY:

DEFINITIONS

- A. Medical Provider: A qualified health professional who is a licensed physician, physician assistant, or nurse practitioner in the State of Michigan.
- B. Qualified Health Professional (QHP): A health care professional licensed by the State of Michigan or registered/certified to practice within the scope of his/her training.
- C. Qualified Mental Health Professional (QMHP): A physician, psychiatrist, nurse practitioner, physician's assistant, psychologist, social worker, or registered nurse who meets the requirements set forth in MCL 330.1001b and is trained and experienced in the areas of mental illness or mental disabilities.
- D. Types of Conditions:
 - 1. Emergent: A condition which requires treatment within one hour.
 - 2. Routine: A condition which requires non-urgent, non-emergent health care contact with a prisoner, including screening, chronic disease follow-up, and requests for elective treatment and surgeries.
 - 3. Urgent: A condition that is not likely to cause death or irreparable harm if not treated immediately. However, the condition needs to be treated as soon as possible and cannot wait for normal scheduling.
- E. Prisoner Health Record: All information recorded in electronic form, paper form, or any other medium that pertains to a prisoner's mental and/or physical health care, history, diagnosis, prognosis, or condition that is maintained by a health care provider.

GENERAL INFORMATION

- F. All prisoners in Correctional Facilities Administration (CFA) institutions shall have access to health services as described in this policy, regardless of custody level or security classification. A prisoner whose health care needs cannot be met at the facility where the prisoner is housed shall be transferred to a facility where those needs can be met, consistent with PD 05.01.140 "Prisoner Placement and Transfer." The Administrator of the Bureau of Health Care Services (BHCS) shall ensure parolees in Residential Reentry Program facilities and probationers in the Special Alternative Incarceration Program (SAI) are provided access to appropriate health care services.

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 02/01/2015	NUMBER 03.04.100	PAGE 5 OF 11
-----------------------------------	------------------------------	---------------------	--------------

Prisoners who are not seen on the scheduled day shall be rescheduled within the 30 calendar day period. A prisoner who does not attend the subsequent health care screening appointment shall be rescheduled and seen by a medical provider to discuss the reason for the screening and to sign a release of responsibility if the prisoner declines the screening. Prisoners who are hospitalized at the time of their regularly scheduled annual health screen may have the time adjusted as necessary.

- Y. The health status of the prisoner at the time of the annual health care screening shall be documented by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) in the prisoner's health record and the prisoner referred as necessary to the appropriate QHP as indicated by the screening. The screening shall include the following:
1. Recording vital signs, including weight.
 2. TB screening, counseling, and education as set forth in PD 03.04.115 "Control of Tuberculosis in Offenders."
 3. Reviewing continued need for any currently valid accommodations and medical details issued pursuant to PD 04.06.160 "Medical Details and Special Accommodation Notices."
 4. Reviewing HBV vaccine status.
 5. Providing health education and counseling, including for HIV, HBV, and HCV. Information regarding HIV and HCV shall be provided both verbally and in writing, and include information on prevention and the risks associated with exposure.
 6. Referral to an appropriate QHP, if indicated.

CHRONIC CARE SERVICES

- Z. Prisoners with chronic diseases or disorders as set forth in the chronic care guidelines approved by the CMO shall be provided health care services for chronic diseases or disorders as needed. Prisoners who are seen for chronic care shall be identified in the prisoner's health record.

CORRECTIVE AND RECONSTRUCTIVE SURGERY SERVICES

- AA. Corrective surgery is a surgical procedure to alter or adjust body parts or the body structure. Reconstructive surgery is a surgical procedure to reform body structure or correct defects. For purposes of this policy, corrective and reconstructive surgery does not include procedures which can be done under local anesthesia.
- BB. Corrective and reconstructive surgery shall be authorized for a prisoner only if determined medically necessary and only if approved by the CMO. It shall not be approved if the sole purpose is to improve appearance.
- CC. Before referring a prisoner for corrective or reconstructive surgery, the medical provider shall monitor the prisoner's condition for an appropriate period of time to establish the actual degree of disability or dysfunction. The feasibility of corrective or reconstructive surgery shall be evaluated to determine whether to make a referral. This shall include evaluating the expected improvement in the prisoner's level of functioning, any risks and their probabilities, and available non-surgical treatments.

MENTAL HEALTH SERVICES

- DD. Mental health services shall be provided to prisoners in accordance with PD 04.06.180 "Mental Health Services" and PD 04.06.183 "Voluntary and Involuntary Treatment of Mentally Ill Prisoners" when any of the following circumstances occur:
1. A referral is made by an appropriate QHP after assessment at intake, transfer into the facility, at the ambulatory care clinic, during segregation or other rounds, or at the annual health screening.
 2. A prisoner requests mental health services. The request shall be referred to a QMHP within 24

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 02/01/2015	NUMBER 03.04.100	PAGE 11 OF 11
-----------------------------------	------------------------------	---------------------	---------------

HEALTH SERVICES PRIOR TO RELEASE

- III. Prior to a prisoner paroling or discharging, health care staff shall provide the prisoner with HCV health education/disease prevention information. Prior to discharge, the prisoner shall be tested for HIV and Hepatitis C as set forth in PD 03.04.120 "Control of Communicable Bloodborne Diseases." Unless previously provided, a DNA sample also shall be taken from the prisoner prior to discharge as set forth in PD 03.01.135 "Discharge/Termination of Sentence."
- JJJ. Mentally ill prisoners who may require continuing institutional care or other mental health service upon discharge shall be referred by the Assistant Health Services Administrator to the Bureau of Forensic Mental Health Services, Department of Community Health, as set forth in PD 03.01.135 "Discharge/Termination of Sentence."

PROCEDURES

- KKK. The BHCS Administrator shall ensure that procedures are developed as necessary to implement requirements set forth in this policy directive; this shall be completed within 60 calendar days after the effective date of the policy directive.

AUDIT ELEMENTS

- LLL. A Primary Audit Elements List has been developed and is available on the Department's Document Access System to assist with self audit of this policy pursuant to PD 01.05.100 "Self Audit of Policies and Procedures."

APPROVED: DHH 12/19/14